

STATE OF IDAHO  
DEPARTMENT OF INSURANCE  
700 WEST STATE STREET, 3rd FLOOR  
PO BOX 83720  
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY	0560
	1315-10 _____
	TOTAL

## STATEMENT OF PREMIUM TAXES

**\*Do not use this form if policy is written with a Surplus Line Insurer**

☐ UNAUTHORIZED INSURERS

☐ INDEPENDENTLY SELF PROCURED

(Check box for type of insurer filing tax statement)

INSURED'S NAME
MAILING ADDRESS

This statement must be completed and filed with the Idaho Department of Insurance within thirty days of procurement of any insurance placed through an unauthorized insurer and not through a licensed Idaho surplus lines broker. **Delinquent filing and payment of taxes subjects insured to a penalty of 6% per annum, compounded annually.** Idaho Code § 41-1211 and 41-1233.

\* Refer to [www.doi.idaho.gov](http://www.doi.idaho.gov), company, filing requirements, for the correct Surplus Line Insurer tax statement.

YOUR INSURANCE COMPANY'S NAME \_\_\_\_\_

YOUR INSURANCE COMPANY'S ADDRESS \_\_\_\_\_

TYPE OF POLICY \_\_\_\_\_

LOCATION OF RISK/INSURED \_\_\_\_\_

EFFECTIVE DATES OF POLICY \_\_\_\_\_

REASON THIS POLICY WAS NOT  
WRITTEN WITH AN AUTHORIZED INSURER \_\_\_\_\_

### **ATTACH DOCUMENTATION WHICH VERIFIES AUTHENTICITY OF ABOVE INFORMATION**

- |   |          |
|---|----------|
| 1. PREMIUM PAID ON POLICY   | \$ _____ |
| 2. MULTIPLY BY THE IDAHO TAX RATE OF 2.75% ( Calendar year 2005)<br>2.3% (Calendar year 2006) | _____    |
| 3. <u>PLUS</u> PENALTY, IF DUE  | _____    |
| 4. TOTAL AMOUNT DUE   | \$ _____ |
- Make your check payable to: **Idaho Department of Insurance.**  
Your canceled check is your receipt.  
There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105

Under penalty of perjury, I declare that this statement has been examined by me and to the best of my knowledge is a true, correct, and complete statement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

( )  
\_\_\_\_\_  
Telephone Number Ext.

\_\_\_\_\_  
Name (Type or Print)